

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTOR EXAMINING BOARD

VERIFICATION OF EXAMINATION OR REGISTRATION

APPLICANT: Complete top portion of this form and forward to Registration Agency. Proper completion of this form (**Form#1576**) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable. A fee may be required from the Registration Agency.

Note: If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street, city, state, zip)			
<input type="text"/>			
Original State of Licensure:	<input type="text"/>	Credential #:	<input type="text"/>
		Date of Birth:	<input type="text"/>

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: You may fax/email to: (608) 251-3036 or DSPSCREDFuneral@wisconsin.gov.

Note: If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

Basis of Registration: ☐ Exemption ☐ Reciprocity ☐ Examination ☐ Other

License(s) Held	Issued Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please attach additional sheet with details.

Form completed by:

Date

Title

State